

CLAIMS ONLY							Application Number 09/6009250		Filing Date	
							Applicant(s)			
							* May be used for additional claims or amendments			
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT					
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	/		/							
2		/		/						
3										
4										
5			2							
6			2							
7			2							
8			2							
9										
10			/							
11			/							
12										
13										
14										
15										
16										
17										
18										
19			/							
20			/							
21			/							
22			/							
23			2							
24			2							
25			2							
26			2							
27			2							
28			2							
29										
30			/							
31			/							
32										
33										
34										
35										
36										
37										
38										
39										
40										
41										
42										
43										
44										
45										
46										
47										
48										
49										
50										
Total Indep			8							
Total Depend			28							
Total Claims										

33

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						BEST AVAILABLE COPY	FILING DATE				
						APPLICANT(S)					
CLAIMS						*		*		*	
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
IND.	DEP.	IND.	DEP.	IND.	DEP.						
1		/		/		51					
2		/		/		52					
3	2					53					
4	2					54					
5	2		2		2	56					
6	2		2		2	57					
7	2		2		2	58					
8	2		2		2	59					
9	1	/	/	/		60					
10	2	2	3	3		61					
11	2	2	3	3		62					
12		/		/		63					
13		/		/		64					
14		/		/		65					
15		/		/		66					
16		/		/		67					
17		/		/		68					
18		/	/			69					
19						70					
20						71					
21						72					
22						73					
23						74					
24						75					
25						76					
26						77					
27						78					
28						79					
29						80					
30						81					
31						82					
32						83					
33						84					
34						85					
35						86					
36						87					
37						88					
38						89					
39						90					
40						91					
41						92					
42						93					
43						94					
44						95					
45						96					
46						97					
47						98					
48						99					
49						100					
50						TOTAL IND.					
TOTAL IND.	2					TOTAL DEP.					
TOTAL DEP.	17	17	17	17		TOTAL CLAIMS					
TOTAL CLAIMS	9										